Panel Discussion:
Breastfeeding: Is it really a choice? Ethics Panel on Supporting Feeding Goals When Resources are Scarce

Moderator: Elizabeth (Betsy) Collins MD MPH
Emory Breastfeeding Conference Planning Committee Member
Assistant Professor of Obstetrics and Gynecology
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Objectives

- Identify

Panelists

- Yvette Partridge, Investigator, US Department of Labor, Wage and Hour Division, joined as an office assistant. She worked her way up to Investigator in October of 2010. Yvette has conducted compliance investigations under many federal regulations such as the Fair Labor Standards Act, Davis Bacon Act, Service Contract Act, Migrant and Seasonal Workers Protection Act, and the Family Medical Leave Act. While employed with Wage and Hour, Yvette obtained her Associate’s Degree in Office Administration from the Nashville State Community College, Bachelor’s Degree in Management and Human Relations from Trevecca Nazarene University, and her Master’s Degree in Public Administration from Troy University.

- Nandi Marshall, DrPH, MPH, CHES, CLC, CDE, Associate Professor of Community Health & Associate Dean for Academic Affairs, Jiann-Ping Hsu College of Public Health at Georgia Southern University. Dr. Marshall has over 19 years of community engagement experience including fostering partnerships and relationships with grassroots organizations, state coalitions, nonprofits and national associations, particularly around health inequities. Dr. Marshall has served on numerous public health organizations including as a Board member for the American Public Health Association (APHA), as an APHA member representative for the United States Breastfeeding Committee (USBC), as a member of the USBC CRASH Committee, which focuses on equity issues in breastfeeding, and as a member of the Board for the Georgia Breastfeeding Coalition. Additionally, she recently served as the Education and Training Lead for the Georgia Society for Public Health Education (GASOPHE). Dr. Marshall is currently leading the Breastfeeding Continuity of Care work for the Savannah H.O.P.E. Project, which is funded by CDC REACH and led by Healthy Savannah and the YMCA of Coastal Georgia.

- Ky Lindberg, MEd, BA, Chief Executive Officer, Healthy Mothers, Healthy Babies Coalition of Georgia (HMMHBGA). Mrs. Lindberg has over 17 years of experience leading local, statewide, and national efforts designed to solve complex social problems through innovation and creative design thinking centering equity in her overall approach. In her current role, she works with multisector stakeholder groups to improve maternal and child health from conception through 12 months postpartum. Her work focuses on improving policies, bolstering the workforce, and expanding access to education, clinical and community-based resources to ensure moms, birthers and babies survive and thrive.

Panelists Continued

- Valtra Harris
Disclosures

- Dr. Elizabeth Collins - no disclosures.
- Valtra Harris - no disclosures.
- Ky Lindberg - no disclosures
- Yvette Partridge - no disclosures

What impact will the PUMP Act have on the workplace?

- Yvette
- How does the PUMP Act translate into implementation - Ky
- What about moms going back to work in 2 weeks in a fast food restaurant who are breastfeeding?
- What will be the differences be for salaried workers and hourly workers?
- Trust concerns in marginalized groups, disconnect between employers and health advice - Ky
- Enforcement of policy? What is worth a fight when you are an hourly worker? - Yvette
- Appeal process for employees?
- Less than 50 employees? Prove a hardship

How does Georgia law (and other state or local laws) interact with the PUMP Act?

- Ky - How will Georgia’s Law interact with the Pump Act?

How will employers and employees learn about the PUMP Act and how it is to be implemented in the workplace?

- Trust building between communities and employers
- Education: community problem, building the business case for breastfeeding, experience in Chatham County before PUMP act and what we will continue to do - Nandi
- Many community members will not have the luxury of negotiating these new rules
- Enforcement? - Yvette
- Time or energy to navigate these concerns?
What is the effect of insufficient paid medical leave on breastfeeding?

- What is the status of national laws/recommendations protecting/establishing paid leave for all new parents?
- How do states like California pay for paid parental leave and what is their policy?
- A key issue: insufficient leave related to bonding, learning, establishing supply, recovering from complications of pregnancy, taking care of well or sick infant
- Being able to afford to visit or be near NICU in the event of a sick baby
- Supplies required for pumping: safe space, milk bags, pump, feeding pillow, bottles if needed, electric or manual pump (buy or rent)
- Obamacare and pump access, insurance status
- Georgia bill for unpaid pregnancy leave is sunsetting. Reintroduce without sunset clause? - Ky
- Employer is not required to provide paid break time if less than 50 employees (PUMP Act?)
- Opt out or written justification for not providing paid break time? - Ky, Valtra

WIC food package changes: is it ethical to “punish” non-exclusive breastfeeding with smaller packages in a climate of negative social determinants of health?

- Insufficient hospital based and community support to initiate breastfeeding in certain communities - Ky and Valtra
- SDOH and impact on moms of preemies - Valtra
- “Choosing” WIC when families may be discharged into formula shortage environment
- Are we “punishing” non-exclusive breastfeeding? - Nandi

When formula shortages exist, are there ethical implications of providing no-cost formula to parents during early lactation which may negatively impact supply?

- Valtra
- Reassurance, rationing of supply to those who don’t have human milk
- Stimulated better breastfeeding rates, reduced formula at the bedside
- Sudden reliance on non-formula products - PET canned evaporated milk mixed with water/syrup
- Heavy emphasis on education to prevent inappropriate feeding, advice from community members
- Emphasize safe milk handling
- Is it ethical to counsel as if formula is always available?

How do we counsel on the “risks” of formula feeding in a respectful way? Is it appropriate?

- Prenatal education-eliminated preconceived notions - Valtra
- Real risk of shortage-natural disasters, production concerns, shipping, etc.
- Harm reduction counseling rather than shame, harsh policies - Ky
- Real world application/discussion - Nandi
What regulations have since passed or federal litigation begun to ensure supply to safe infant formula in the US?

- Increasing suppliers? Current supply dominated by 4 companies
- Improving oversight and safety?
- Easing tariffs and restrictions on imported products?
- Role of milk banks or peer to peer sharing

What policies can be put in place to increase access to donor milk when needed (either milk bank or peer to peer)?

- Dispelling stigma, cultural norms
- Educating about the role of milk sharing in areas without formula availability
- Patients using cow milk before human milk from a donor?

Thank You!

- Questions?
- Contact information for panelists:
  - Dr. Elizabeth Collins - ecolli6@emory.edu
  - Valtra Harris
  - Nandi Marshall
  - Ky Lindberg – ky.lindberg@hmhhga.org
  - Yvette Partridge - Partridge.Yvette@dol.gov